

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/936465** FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2		1				
3		1				
4		1				
5		1				
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TOTAL IND.	3					
TOTAL DEP.	10					
TOTAL CLAIMS	12					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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